COTTONWOOD CENTER FDD

1311	M	DANZ	AVE

GREEN BAY 54302 Phone: (920) 468-4801		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	47	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/04):	47	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	46	Average Daily Census:	47

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	웅	Less Than 1 Year	10.9
Supp. Home Care-Personal Care	No					1 - 4 Years	19.6
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	78.3	More Than 4 Years	69.6
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	10.9		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	10.9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	0.0	65 & Over	21.7		
Transportation	No	Cerebrovascular	0.0			RNs	4.3
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	6.3
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for	ĺ	Other Medical Conditions	0.0	Male	60.9	Aides, & Orderlies	61.8
Mentally Ill	No			Female	39.1		
Provide Day Programming for	j		100.0	İ			
Developmentally Disabled	Yes				100.0	ĺ	

Method of Reimbursement

		edicare itle 18		Medicaid (Title 19)		Private Other Pay		2	Family Care			Managed Care								
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				45	100.0	188	0	0.0	0	1	100.0	150	0	0.0	0	0	0.0	0	46	100.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		45	100.0		0	0.0		1	100.0		0	0.0		0	0.0		46	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit:	ions, Services,	and Activities as of 12	/31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	20.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	10.9		43.5	45.7	46
Other Nursing Homes	0.0	Dressing	34.8		47.8	17.4	46
Acute Care Hospitals	0.0	Transferring	65.2		26.1	8.7	46
Psych. HospMR/DD Facilities	0.0	Toilet Use	43.5		43.5	13.0	46
Rehabilitation Hospitals	0.0	Eating	71.7		19.6	8.7	46
Other Locations	80.0	*******	******	*****	******	********	******
Total Number of Admissions	5	Continence		8	Special Treatr	ments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Re	espiratory Care	2.2
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	52.2	Receiving Tr	racheostomy Care	0.0
Private Home/With Home Health	22.2	Occ/Freq. Incontinen	t of Bowel	47.8	Receiving St	uctioning	0.0
Other Nursing Homes	11.1				Receiving Os	stomy Care	2.2
Acute Care Hospitals	0.0	Mobility			Receiving Tu	ube Feeding	0.0
Psych. HospMR/DD Facilities	11.1	Physically Restraine	ed.	8.7	Receiving Me	echanically Altered Diet	s 80.4
Rehabilitation Hospitals	0.0	į				_	
Other Locations	0.0	Skin Care			Other Resident	t Characteristics	
Deaths	55.6	With Pressure Sores		0.0	Have Advance	e Directives	0.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	9				Receiving Pa	sychoactive Drugs	71.7
		1			5 .		

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		FDD cilities		All ilties
	%	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.7	93.1	1.02	88.8	1.07
Current Residents from In-County	63.0	35.3	1.79	77.4	0.81
Admissions from In-County, Still Residing	20.0	11.4	1.76	19.4	1.03
Admissions/Average Daily Census	10.6	20.4	0.52	146.5	0.07
Discharges/Average Daily Census	19.1	28.3	0.68	148.0	0.13
Discharges To Private Residence/Average Daily Census	4.3	12.1	0.35	66.9	0.06
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00
Residents Aged 65 and Older	21.7	16.0	1.36	87.9	0.25
Title 19 (Medicaid) Funded Residents	97.8	99.1	0.99	66.1	1.48
Private Pay Funded Residents	2.2	0.5	4.24	20.6	0.11
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00
Impaired ADL (Mean)*	37.0	55.0	0.67	49.4	0.75
Psychological Problems	71.7	48.1	1.49	57.7	1.24
Nursing Care Required (Mean)*	10.6	10.7	0.99	7.4	1.43
